



City of Delray Beach

Pilot Employee Parking Permit Program Business

Employer Information:

Business Name: _____

Business Address: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Employee Verification:

I certify that the employees listed below are currently employed at my business and are eligible.

Employee Name	Job Title	License Plate Number	Vehicle Make/Model

Send an additional list of employees, if needed.

Payment Option (check one):

- Employees will pay individually at the Parking Office
- Employer will cover the cost of permit for employee(s)

Acknowledgement:

I certify the accuracy of this information and understand the program rules.

Authorized Signature: _____ Date: _____